2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90020 036 ****61.25

DOCUMENT # 766852

1. Entity Name
THE HEALTH COUNCIL OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
8095 N.W. 12TH ST. SUITE 300 MIAMI, FL 33126	8095 N.W. 12TH ST. SUITE 300 MIAMI, FL 33126

03022004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2268478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALBURY, SONYA R
8095 NW 12 STREET
#300
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sonya R. Albury
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GLUCK, PAUL A DR.		NAME		
STREET ADDRESS	10165 S.W. 84 COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	S	☐ Change ☒ Addition
NAME	DEL VALLE, ELENA		NAME	Charles Gray	
STREET ADDRESS	11767 S. DIXIE HWY., #363		STREET ADDRESS	14000 Monroe Street	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	Miami, FL 33176	
TITLE	T	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	KERN, LISBETH		NAME		
STREET ADDRESS	1501 NW 9TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33101		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	T	☒ Change ☐ Addition
NAME	ROTHMAN, MAX B		NAME		
STREET ADDRESS	791 CRANDON BLVD., #602		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PREMAZA, DEBRA R		NAME		
STREET ADDRESS	146 WEST MINISTER DR.		STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER, FL 33070		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALBURY, SONYA		NAME		
STREET ADDRESS	9199 S.W. 129 LANE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sonya R. Albury 3-9-04 305-592-1452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #